RMP-CAPP 2003 Registration Form

Instructions

Completing the Registration Form
A complete registration consists of the following sections:

Section 1. Registration (NAC 459.9535) [2]
Section 2. Toxics: Worst Case[1] (NAC 459.95352) [2]
Section 4. Flammable, Explosive, or Reactive Worst Case[1] (NAC 459.95352) [2]
Section 6. Five-Year Accident History (NAC 459.95354(1)) [2]
Section 9. Emergency Response (NAC 459.95356) [2]
AI - Additional Incident Information (NAC 459.95354(2)) [2]
C - Certification (NAC 459.95358) [2]

Accessing E-mail File
You may download the e-mail file from the CAPP website Report Forms page at:
http://ndep.state.nv.us/bwm/capp

Entering your DATA
The shaded areas indicate data entry fields. Use the tab key to move between fields. Please note that for some fields, a maximum number of characters is indicated. For check boxes, double click in the box to make an "X" appear, clicking again removes it.
The Certification page requires an **original** signature. If you intend to return your registration as an e-mail attachment, you must print the certification page, complete it with an original signature and **mail** it in. It will be matched to your e-mailed registration on receipt.

Where to send complete forms:
E-mail registrations may be sent to: **dbenson@govmail.state.nv.us** , however, please note that the certification page must be mailed via U.S. Postal Service as it requires an original signature.

Please mail paper copies and if e-mailing the registration, the certification page only, to:

State of Nevada
NDEP/Chemical Accident Prevention Program
Bureau of Waste Management
333 W Nye Lane Room 138
Carson City NV 89706-0851

Questions?
Should you have any questions of encounter difficulties completing the registration, please contact NDEP-CAPP staff (775) 687-4670, x3041.

[1] Complete sections 2 and/or 4 as appropriate
[2] Reference: Chapter 459 of the Nevada Administrative Code

NDEP - CAPP 2003 Annual Registration Form

1 Section 1. Registration

1.1 Source Identification

1.1.a. Facility Name (maximum 50 characters)
1.1.b. Parent Company #1 Name (max. 50 characters)
1.1.c. Parent Company #2 Name (max. 50 characters)

1.2. EPA Facility Identifier (12 characters) (Leave blank until assigned by EPA)

1.3. Other EPA Systems Facility Identifier (15 characters)

1.4. Dun and Bradstreet Numbers (DUNS) (9 characters)

1.4.1. Facility DUNS	1.4.b. Parent Company #1 DUNS	1.4.c. Parent Company #2 DUNS

1.5 Facility Location

1.5.a. Street - Line 1 (max. 35 characters)	
1.5.b. Street - Line 2 (max. 35 characters)	
1.5.c. City (max. 19 characters)	1.5.d. State (2 digit)
1.5.e. Zip Code + 4-digit	1.5.f. County (max. 20 characters)
1.5.g. Facility latitude (degrees, minutes, and seconds) (DD / MM / SS.S) / / .	1.5.h. Facility longitude (degrees, minutes, and seconds) (DDD / MM / SS.S) / / .
1.5.i. Method for determining Lat/Long (see Attachment I codes (2 characters))	1.5.j. Description of location identified by Lat/Long (see Attachment I for codes)

1 Section 1. Registration

1.6. Owner or Operator

1.6.a. Name (max. 35 characters)
1.6.b. Phone (please include area code)

Owner or Operator Mailing Address

1.6.c. Street - Line 1 (max. 35 characters)	
1.6.d. Street - Line 2 (max. 35 characters)	
1.6.e. City (max. 19 characters)	1.6.f. State
1.6.g. Zip Code (+ 4 code, if applicable)	

1.7. Name and title of person or position responsible for CAPP implementation

1.7.a Name of person (max. 35 characters)	1.7.b. Title of person or position (max. 35 characters)

1.8. Emergency Contact

1.8.a. Name (max. 35 characters)	1.8.b. Title of person or position (max. 35 characters)
1.8.c. Phone	1.8.d. 24-hour Phone
1.8.e. 24-hour Phone Extension/PIN # (max. 35 characters)	

1.9 Other Points of Contact (Optional)

1.9.a. Facility or Parent Company E-mail Address (max. 100 characters)	1.9.b. Facility Public Contact Phone Number
1.9.c. Facility or Parent Company WWW Homepage Address (max. 100 characters)	

1 Section 1. Registration

1.10. Local Emergency Planning Committee (LEPC) (optional) (max. 30 characters)

1.11. Number of full-time employees (FTEs) on site

1.12. Covered by (select all that apply)

- ☐ 1.12.a. OSHA PSM
- ☐ 1.12.b. EPCRA section 302
- ☐ 1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.

Permit # _____

1.13. OSHA Star or Merit Ranking (optional) ☐ Yes ☐ No

1.14. Last Safety Inspection (by external agency) date

_____

1.15. Last Safety Inspection Performed by an External Agency (select one)

- ☐ 1.15.a. OSHA
- ☐ 1.15.b. State Occupational safety agency
- ☐ 1.15.c. EPA
- ☐ 1.15.d. State environmental agency
- ☐ 1.15.e. Fire department
- ☐ 1.15.f. Never had one
- ☐ 1.15.g. Other (specify max. 50 characters)

1.17. Process Specific Information. For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

Process ID# (optional - for your reference only)
Process Description
1.17.a. Program Level (select all that apply) ☐ **Tier A** ☐ **Tier B, Level 1** ☐ **Tier B, Level 2** ☐ **Tier B, Level 3**
1.17.b. NAICS Code(s) (five or six digits)

1.17.c. Chemical(s) (regulated substances(s))

1.17.c.1. Name (max. 100 characters)	**1.17.c.2. CAS Number (10 characters)**	**1.17.c.3. Quantity (lbs) (max. 12 chars.)**

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.

2 Section 2. Toxics: Worst Case

(If you need to report another worst-case scenario, make a photocopy of this section and report each scenario separately.)

2.1 Chemical

2.1.a. Name (max. 100 characters)

2.1.b. Percent weight of chemical (if in a mixture)

_____ . _____ %

2.2 Physical state (select one)

- ☐ 2.2.a. Gas
- ☐ 2.2.b. Liquid
- ☐ 2.2.c. Gas liquefied by pressure
- ☐ 2.2.d. Gas liquefied by refrigeration

2.3 Model Used (select one or enter another model name in other below)

- ☐ 2.3.a. EPA's OCA Guidance Reference Tables or Equations
- ☐ 2.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- ☐ 2.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ☐ 2.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ☐ 2.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ☐ 2.3.g. EPA's RMP* Comp
- ☐ 2.3.h. Areal locations of Hazardous Atmospheres (ALOHA®)
- ☐ 2.3.z. Other model (specify) (max. 255 characters)

2.4. Scenario (select one)

- ☐ 2.4.a. Gas Release
- ☐ 2.4.b. Liquid Spill and Vaporization

2.5 Quantity released (lbs)

_____ . _____ lbs

2.6 Release rate (lbs/minute)

_____ . _____

2.7 Release Duration (minutes)

_____ . _____

2.8 Wind speed (meters/minute)

_____ . _____

2.9. Atmospheric stability class (A - F)

___

2.10 Topography (select one)

- ☐ 2.10.a. Urban
- ☐ 2.10.b. Rural

2.11 Distance to endpoint (miles)

_____ . _____

2 Section 2. Toxics: Worst Case

2.12 Estimated residential population within distance to endpoint (numeric)

2.13. Public receptors within distance to endpoint (select all that apply)

- ☐ 2.13.a. Schools
- ☐ 2.13.b. Residences
- ☐ 2.13.c. Hospitals
- ☐ 2.13.d. Prison/Correctional Facilities
- ☐ 2.13.e. Recreation Areas
- ☐ 2.13.f. Major commercial, office, or industrial areas
- ☐ 2.13.g. Other (specify) (max. 200 characters)

2.14. Environmental receptors within distance to endpoint (select all that apply)

- ☐ 2.14.a. National or State Parks, Forests, or Monuments
- ☐ 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ☐ 2.14.c. Federal Wilderness Area
- ☐ 2.14.d. Other (specify) (max. 200 characters)

2.15. Passive mitigation considered (select all that apply)

- ☐ 2.15.a. Dikes
- ☐ 2.15.b. Enclosures
- ☐ 2.15.c. Berms
- ☐ 2.15.d. Drains
- ☐ 2.15.e. Sumps
- ☐ 2.15.f. Other (specify) (max. 200 characters)

4 Section 4. Flammable, Explosive or Reactive: Worst Case

(If you need to report another worst-case scenario, make a photocopy of this section and report each scenario separately.)

4.1. Chemical Name (max. 100 characters)

4.2. Model Used (select one or enter another model name in other below)

- ☐ 4.2.a. EPA's OCA Guidance Reference Tables or Equations
- ☐ 4.2.c. EPA's RMP Guidance for Propane Storage Facilities Reference Tables or Equations
- ☐ 4.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ☐ 4.2.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ☐ 4.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ☐ 4.2.g. EPA's RMP* Comp™
- ☐ 4.2.z. Other model (specify) (max. 255 characters)

4.3. Scenario

Flammable: (*If flammable is indicated, use* **Vapor Cloud Explosion** *as scenario*)

Explosive or Reactive: ☐ Explosive ☐ Reactive (*If substance is not flammable, facility selects. Indicate scenario*)

4.4. Quantity released (lbs) *	**4.5. Endpoint Used (only one option)**
.	**1 PSI**

4.6. Distance to endpoint (miles)	**4.7. Estimated residential population within distance to endpoint**
.	, ,

4.8. Public receptors within distance to endpoint (select all that apply)

- ☐ 4.8.a. Schools
- ☐ 4.8.b. Residences
- ☐ 4.8.c. Hospitals
- ☐ 4.8.d. Prisons/Correctional Facilities
- ☐ 4.8.e. Recreation Areas
- ☐ 4.8.f. Major commercial, office, or industrial areas
- ☐ 4.8.g. Other (specify) (max. 200 characters)

*** For explosive or reactive, designate quantity involved.**

4 Section 4. Flammable, Explosive or Reactive: Worst Case

4.9. Environmental receptors within distance to endpoint (select all that apply)

- ☐ 4.9.a. National or State Parks, Forests, or Monuments
- ☐ 4.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges
- ☐ 4.9.c. Federal Wilderness Area
- ☐ 4.9.d. Other (specify) (max. 200 characters)

4.10. Passive mitigation considered (select all that were considered in defining the release quantity or rate for the worst-case scenario)

- ☐ 4.10.a. Blast walls
- ☐ 4.10.b. Other (specify) (max. 200 characters)

6 Section 6. Five-Year Accident History

(If you need to report additional incidents, make a photocopy of this section and report each incident separately.)

Would you like to certify that your facility did not have any reportable accidents in the last 5 years?

☐ **Yes; leave the rest of this section blank** ☐ No; fill out this section for each accident

6.1. Date of accident (day, month, and year)	**6.2. Time accident began** (hours and minutes)
_____	(☐ a.m. / ☐ p.m.)

6.3 NAICS code of process involved	**6.4 Release duration** (hours and minutes)
_____	_____

6.5. Chemical(s) released (if you need more space to list chemicals, please make a photocopy of this sheet)

6.5.a.I. Chemical name (max. 100 characters)	**6.5.a.II. CAS number**	**6.5.b. Quantity released (lbs)**	**6.5.c. Percent weight of chemical if in a mixture (toxics only)**

6.6. Release event (select at least one)

☐ a. Gas release
☐ b. Liquid spill/evaporation
☐ c. Fire
☐ d. Explosion

6.7. Release source (select at least one)

☐ a. Storage vessel
☐ b. Piping
☐ c. Process vessel
☐ d. Transfer hose
☐ e. Valve
☐ f. Pump
☐ g. Joint
☐ h. Other (specify) (max. 200 characters)

6 Section 6. Five-Year Accident History

6.8 Weather conditions at time of event

a.i. Wind speed (numerical) Wind speed unit ☐ miles/hr. ☐ knots ☐ meters/sec		a.ii. Wind direction
b. Temperature (°F)	c. Atmospheric stability class (A-F)	d. Precipitation present
e. Unknown weather conditions (check if a-d are all unknown) ☐		

6.9. On-site Impacts

a. Deaths (enter numbers)		b. Injuries	
a.i. Employees or contractors	_____	b.i. Employees or contractors	_____
a.ii. Public responders	_____	b.ii. Public responders	_____
a.iii. Public	_____	b.iii. Public	_____
c. Property damage **$** _____			

6.10. Known off-site impacts (enter numbers)

a. Deaths	_____	d. Evacuated	_____
b. Hospitalizations	_____	e. Sheltered-in-place	_____
c. Other medical treatment	_____	f. Property damage	$ _____

6.10.g. Environmental damage (select all that apply)

- ☐ g.1. Fish and animal kills
- ☐ g.2. Tree, lawn, shrub, or crop damage
- ☐ g.3. Water contamination
- ☐ g.4. Soil contamination
- ☐ g.5. Other (specify) (maximum 200 characters)

6 Section 6. Five-Year Accident History

6.11 Initiating event (select one)

- ☐ a. Equipment failure
- ☐ b. Human error
- ☐ c. Natural (weather conditions, earthquake)
- ☐ d. Unknown

6.12 Contributing factors (select all that apply)

- ☐ a. Equipment failure
- ☐ b. Human error
- ☐ c. Improper procedure
- ☐ d. Overpressurization
- ☐ e. Upset condition
- ☐ f. By-pass condition
- ☐ g. Maintenance activity/inactivity
- ☐ h. Process design failure
- ☐ i. Unsuitable equipment
- ☐ j. Unusual weather conditions
- ☐ k. Management error
- ☐ l. Other (specify) (max. 200 characters)

6.13 Off-site responders notified (select one)

- ☐ a. Notified only
- ☐ b. Notified and responded
- ☐ c. No, not notified
- ☐ d. Unknown

6.14. Changes introduced as a result of the accident (select at least one)

- ☐ a. Improved/upgraded equipment
- ☐ b. Revised maintenance
- ☐ c. Revised training
- ☐ d. Revised operating procedures
- ☐ e. New process controls
- ☐ f. New mitigation systems
- ☐ g. Revised emergency response plan
- ☐ h. Changed process
- ☐ i. Reduced inventory
- ☐ j. None
- ☐ k. Other (specify) (max. 50 characters)

9 Section 9. Emergency Response

9.1 Written emergency response (ER) plan (a checked box indicates a "yes" answer; leave blank if "no.")

9.1.a. ☐ Is your facility included in the written community emergency response plan?
9.1.b. ☐ Does your facility have its own written emergency response plan?

9.2. ☐ Does your facility's ER plan include specific actions to be taken in response to accident releases of regulated substance(s)?

9.3. ☐ Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4. ☐ Does your facility's ER plan include information on emergency health care?

9.5. Date of most recent review or update of your facility's ER plan

9.6. Date of most recent ER training for your facility's employees

9.7 Local agency with which your facility's ER plan or response activities are coordinated

9.7.a. Name of agency (max. 35 characters)
9.7.b. Phone number (include area code)

9.8. Subject to (select all that apply)

- ☐ 9.8.a. OSHA Regulations at 29 CFR 1910.38
- ☐ 9.8.b. OSHA Regulations at 29 CFR 1910.120
- ☐ 9.8.c. Clean Water Act Regulations at 40 CFR 112
- ☐ 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
- ☐ 9.8.e. OPA-90 Regulations at 40 CRF 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
- ☐ 9.8.f. State EPCRA Rules or Laws
- ☐ 9.8.g. Other (specify) (max. 200 characters)

AI Additional Incident Information

(Attach a separate piece of paper if additional space is required)

Please indicate the address to which the invoice for CAPP fees should be sent below
(State Tax ID number pursuant to NRS 364A):

Individual's Name and/or Title :

Company Name:
Mailing Address:

State Tax Identification #: _____

Provide the following information pursuant to NAC 459.95354(2):

1. **Describe any unanticipated or unusual event that resulted in an accidental release as defined in NAC 459.95211, or in the unintentional release of any substance listed in NAC 459.9533.**
2. **Facility efforts undertaken to assess the cause(s) and develop a remedy for the substance release.**

C Certification

Pertains to Tier B Level 1 facilities only

If a registration form is being submitted pursuant to NAC 459.95248 to 459.95356, inclusive, that only reflects processes that are subject to the tier B level 1, the owner or operator shall include with the registration the following certification:

Based on the criteria set forth in subsection 2 of NAC 459.95327, the distance to the specified endpoint for the worst-case accidental release scenario for the registered process(es) is less than the distance to the nearest public receptor.

Within the past 5 years, the process(es) has (have) had no accidental release that caused on-site or off-site impacts.

No additional measures are necessary to prevent off-site impacts caused by accidental releases.

In the event of a fire, explosion or release of a tier B substance from the process(es), entry within the distance to the specified endpoints may pose a danger to public emergency responders. Therefore, public emergency responders should not enter this area except as arranged with the emergency contact indicated in the registration.

The undersigned certifies that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information submitted is true, accurate and complete.

_____
Name (Type or Print)

_____
Title

_____
Signature (MUST BE AN ORIGINAL SIGNATURE)

_____
Date

An **original signature** is **required** to complete the certification. If sending the registration file by e-mail, a signed copy of this page is the only portion of the registration that *requires* mailing by U.S. Postal Service or other carrier. Send to:

State of Nevada
NDEP/Chemical Accident Prevention Program
Bureau of Waste Management
333 W. Nye Lane Room 138
Carson City, NV 89706-0851

C Certification

Pertains to Tier A and Tier B Level 2 & 3 facilities

One of the following certifications must be signed by the sole proprietor of the facility, the highest ranking corporate officer of the facility, a partner at the facility, the manager of the facility or a person designated by one of those persons to sign the certification.

(a) I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

_____
Name (Type or Print)

_____
Title

_____
Signature (MUST BE AN ORIGINAL SIGNATURE)

_____
Date

OR

(b) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and that, based on my inquiry of the natural persons immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false information.

_____
Name (Type or Print)

_____
Title

_____
Signature (MUST BE AN ORIGINAL SIGNATURE)

_____
Date

An **original signature** is **<u>required</u>** to complete the certification. If sending the registration file by e-mail, a signed copy of this page is the only portion of the registration that *<u>requires</u>* mailing by U.S. Postal Service or other carrier. Send to:

State of Nevada
NDEP/Chemical Accident Prevention Program
Bureau of Waste Management
333 W. Nye Lane Room 138
Carson City, NV 89706-0851

ATTACHMENT I

The following are excerpts from RMP*Submit™ User's Manual February 1999, Ver. 1.07, in reference to latitude and longitude codes, and codes describing the location identified by latitude and longitude requested in Section 1, 1.5.i & 1.5.j. of the RMP-CAPP Registration Form.

1.5.i Method for determining Latitude and Longitude

The most common methods for determining Latitude and Longitude are I1 (Interpolation-Map), and I4 (Interpolation-Digital Map Source). Use I1 if you obtained your latitude and longitude from a paper map. Use I4 if you obtained your latitude and longitude from a computer-based geographic information system (GIS), such as Land View.

Code/Description of Method

A1 Address Matching-House Number: derived from a point corresponding to a house or building number along a street segment.
A2 Address Matching-Block Face: derived from a calculated midpoint of one side of a street segment with regard to odd or even addresses.
A3 Address Matching-Street Centerline: derived from a calculated midpoint and centerpoint of a street segment.
A4 Address Matching-Nearest Intersection: derived from the intersection closest to a house or building number.
A5 Address Matching-Primary Name: derived from the primary name of a township or city.
A6 Address Matching-Digitized: derived from hands-on use of computer-based mapping tools.
AO Address Matching-Other: derived through the use of non-specific matching techniques.
C1 Census Block - 1990 - Centroid: derived from the calculated centerpoint of a 1990 Census Block as defined by the U.S. Bureau of the Census.
C2 Census Block/Group - 1990 - Centroid: derived from the calculated centerpoint of a 1990 Census Block/Group as defined by the U.S. Bureau of the Census.
C3 Census Block Tract - 1990 - Centroid: derived from the calculated centerpoint to a 1990 Census Tract as defined by the U.S. Bureau of the Census.
CO Census - Other: derived from other Census-defined areas, such as Metropolitan Statistical Areas (MSAs).
G1 Global Positioning System (GPS) Carrier Phase Static Relative Positioning Technique: derived through the use of a GPS device employing Carrier Static Relative Positioning Technique.
G2 GPS Carrier Phase Kinematic Relative Positioning Technique: derived through the use of a GPS device employing Phase Kinematic Relative Positioning Technique.
G3 GPS Code Measurements (Pseudo Range) Differentially Corrected: derived through the use of a GPS device where measurements have been corrected for error based on the existence of known base stations relative to the study area.
G4 GPS Code Measurements (Pseudo Range) Precise Positioning Service: derived through the use of a GPS devise employing real-time precise positioning techniques.
G5 GPS Code Measurements (Pseudo Range) Standard Positioning Service SA OFF: derived through the use of a GPS device when the Department of Defense Selective Ability was turned off.
G6 GPS Code Measurements (Pseudo Range) Standard Positioning Service SA ON: derived through the use of a GPS device when the Department of Defense Selective Ability was turned on.
G7 GPS Code Measurements (Pseudo Range) Standard Positioning Service Corrected using Canadian Active Control System: derived through he use of a GPS device employing the Canadian Active Control System.
GO GPS-Other/Unspecified: derived through the use of an unspecified GPS device.
I1 Interpolation - Map: derived from a paper or other non-digital map.
I2 Interpolation - Photo: derived from an aerial photograph.
I3 Interpolation - Satellite: derived from a satellite image.
I4 Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool.
I5 Interpolation - SPOT: derived from a SPOT image.
I6 Interpolation - MSS (Multi-spectral Scanner): derived from a MSS image.
I7 Interpolation - TM (Thematic Mapper): derived from a thematic mapper.
IO Interpolation - Other
L1 Loran C: derived from the use of a Loran-C positioning device.
P1 Public Land Survey-Section: a coordinate pair corresponding to a point from a public land survey.
P2 Public Land Survey-Quarter Section: a coordinate pair corresponding to a point from a public land survey.
P3 Public Land Survey-Eighth Section: a coordinate pair corresponding to a point from a public land survey.
P4 Public Land Survey-Sixteenth Section: a coordinate pair corresponding to a point from a public land survey.
P5 Public Land Survey-Footing: a coordinate pair corresponding to a point from a public land survey.
S1 Classical Surveying Techniques: derived from traditional surveying techniques associated with construction activities.
Z1 ZIP Code-Centroid: derived form the calculate center of a U.S. postal ZIP code.
Z2 ZIP+2 Code-Centroid: derived from an averaging of multiple street segments. Approximately the size of a Census Block Group.
Z4 ZIP+4 Code-Centroid: derived from a calculated midpoint of one side of a street segment with regard to odd or even house or building numbers.
OT Other
UN Unknown

1.5.j. Description of location identified by Latitude and Longitude

Describe the exact location your latitude and longitude values represent. The table below lists the codes to be used for this element. The most common Latitude and Longitude location descriptions are PG (Plant Entrance - General) and CE (Center of Facility).

Code/Description of Location

AB Administrative Building: a building, structure, or portion thereof that houses the administrative functions of a facility as opposed to production or manufacturing activities.
AE Atmospheric Emissions Treatment Unit: equipment installed for the express purpose of treating chemical emissions prior to their release into the atmosphere.
AM Air Monitoring Station: equipment installed at a predetermined location for the automatic, manual or periodic collection of environmental air samples.
AS Air Release Stack: a free-standing vertical structure constructed for the conveyance and release of chemical emissions into the air.
AV Air Release Vent: a horizontal structure constructed for the release of chemical emissions into the air, typically from the side or roof of a building.
CE Center of Facility: a representative center point within the boundary of a facility.
FC Facility Centroid: the calculated center of a contiguous facility.
IP Intake Pipe: a pipe or intake opening constructed for the collection and conveyance of water.
LC Loading Area Centroid: the calculated center of a portion of a facility associated with loading activities
LF Loading Facility: the portion of a facility associated with loading and/or transshipment activities.
LW Liquid Waste Treatment Unit: Equipment installed for the express purpose of treating chemical emissions prior to their release to water, publicly owned treatment works (POTW) or off-site transfer.
NE NE Corner of Land Parcel: the northeast most corner or boundary of a land parcel.
NW NW Corner of Land Parcel: the northwest most corner or boundary of a land parcel.
OT Other: see descriptive comment field.
PC Process Unit Area Centroid: the calculated center of a portion of a facility associated with processing and/or manufacturing activities.
PF Plant Entrance (Freight): the entrance to a facility associated with transshipment activities.
PG Plant Entrance (General): the front gate or general entrance of a facility.
PP Plant Entrance (Personnel): the entrance to a facility associated with employees.
PU Process Unit: the portion of a facility associated with processing and/or manufacturing activities.
SD Solid Waste Treatment/Disposal Unit: the portion of a facility associated with the treatment and/or disposal of solid waste.
SE SE Corner of Land Parcel: the southeast corner or boundary of a land parcel.
SP Lagoon or Settling Pond: the portion of a facility designed to accommodate sedimentation or settling of chemical by-products necessitated by the manufacture, production, or use of chemicals.
SS Solid Waste Storage Area: the portion of a facility associated with the storage of solid waste.
ST Storage Tank: a receptacle or chamber used for storing bulk fuels or chemicals.
SW SW Corner of Land Parcel: the southwest most corner or boundary of a land parcel.
WA Wellhead Protection Area: an area at the earth's surface buffering a wellhead.
WL Well: a shaft drilled in the earth for purposes such as obtaining subsurface drinking water, or collecting water samples.
WM Water Monitoring Station: a location or study area for the automatic, manual or periodic collection of water samples.
WR Pipe Release to Water: the point at which a pipe constructed for the conveyance and release of water-borne chemical emissions reaches a water body.
UN Unknown

/end